flex

2010 enrollment highlights guide

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If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the prescription drug coverage and Medicare notice on page 4 for more details.

Summary Plan Description

You may download a copy of the Flex SPD at mylacountybenefits.com. This SPD is a valuable resource for plan information. A copy was provided in last year's annual enrollment packet.

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welcome to annual enrollment 2010

Welcome to annual enrollment for your County of Los Angeles *Flex* plan. This is a great time to explore all of the County's medical, dental, and life insurance programs and choose those that best meet your and your family's needs.

What's Changing in 2010

Your Flex plan choices are not changing for 2010. However, due to continued increases in the cost of health care, monthly medical premiums, and most dental premiums, will increase next year. For more details on "What's Changing" next year, see your Medical and Dental Plans Comparison Chart along with your Personalized Enrollment Worksheet for premium rates for 2010.

When to Enroll

Annual enrollment for County of Los Angeles employees is **October 1 through 31, 2009**. Your enrollment packet includes information you need to enroll:

- A Personalized Enrollment Worksheet that shows your current plan elections, monthly benefit allowance and premium rates for 2010. It also includes the employee number and PIN that you'll need to enroll.
- This Annual Enrollment Highlights Guide, with an overview of your enrollment options and instructions on how to enroll.
- A Medical and Dental Plans
 Comparison Chart that provides
 details on your medical and dental plan
 options, allowing you to compare
 specific plan features such as deducti bles and out-of-pocket costs.

We encourage you to take time to explore the enclosed enrollment communications and consider which benefit plans are right for you in the coming year.

We wish you and your family a healthy 2010.



introducing mylacountybenefits.com

The mylacountybenefits.com Web site will help you make informed benefit choices and provide useful tools and detailed information to use as you prepare to enroll and throughout the year. It will also serve as your new gateway to the online enrollment Web site formerly found at www.buckhrsolutions.com/countyla. You'll find login instructions on the next page.

Tools you can use

The Web site includes access to all of the information you receive in your annual enrollment packet and much more. Online tutorials provide step-by-step audio-visual presentations to educate you on your *Flex* benefits and how to get the most out of them. Online calculators will help you determine your health care or dependent care costs and how much you may want to set aside in a Health Care or Dependent Care Spending Account to reduce your out-of-pocket costs each year.

mylacountybenefits.com is arranged in three sections:

my benefits

- Detailed benefit plan information that can guide you through your enrollment
- Facts on eligibility when adding dependents
- Downloadable *Flex* Summary Plan Description (SPD)
- Contact information for all health plans
- Links to benefit documents
- Resources to help you find doctors and dentists in your health plan networks

my health

- Links to and information on wellness programs
- Up-to-date calendars for wellness fairs and Webinars
- Archives of the County's new For Your Benefit wellness newsletter

my tools

- Access to the benefit enrollment system
- Calculators to help you figure out how much to save in your Health Care and Dependent Care Spending Accounts
- Audio-visual tutorials on:
 - Enrollment at annual enrollment and when you have a qualified change in status
 - o Flexible Spending Accounts
 - Highlights of your Flex plans

Best of all, mylacountybenefits.com gives you access to detailed information and tools seven days a week, 24 hours a day. You'll always have the information you need at your fingertips.

it's time to enroll



Don't Miss Your Chance to Enroll October 1 through 31, 2009!

If you don't enroll by October 31, you'll have to wait until October 2010 to make any changes (unless you experience a qualified change in status—for example, you get married or have a child; please refer to the Flex Summary Plan Description (SPD) for more details). If you have an FSA you MUST reenroll to participate in 2010.

Flex Summary Plan Description

This packet often refers you to the Flex Summary Plan Description (SPD). You received a hard copy of the SPD in last year's annual enrollment packet or in your new hire packet. If you do not have your copy, you may download one at mylacountybenefits.com.

Annual enrollment is the time to review your benefit choices and consider whether they're right for you or if it's time for a change. Perhaps your or your family's medical or dental care needs changed or you added a dependent and you want to explore your coverage options. Or perhaps you want to consider enrolling in a Flexible Spending Account (FSA). This guide and the enclosed materials are designed to help you understand your options, compare your costs, and decide which benefits are right for you and your family.

Enrolling is easy! Follow these simple steps.

1

Read your enrollment materials. Your Flex benefit program offers a range of benefit plans and choices. This is the time to consider your options in light of your and your family's needs. If you choose to keep the same plans, you do not have to enroll, unless you use a Flexible Spending Account which requires reenrollment each year.

2

Consider how you might save money using an FSA. FSAs are an easy way to save on eligible health care and dependent care expenses. Use the Health Care Cost and FSA calculators in the "my tools" section of mylacountybenefits.com to help you decide. Plus, if you enroll in a Dependent Care Spending Account, the County contributes up to \$375 monthly depending on your annual base pay. Make sure you read all the details starting on page 29 of the Flex SPD before you sign up.



Adding dependents?

If you are adding dependents to your coverage in 2010, the County must receive proof of their dependent status within 10 calendar days from the date you enroll. Refer to your *Flex* SPD for detailed information about documentation that proves dependent status. You will also need to provide a Social Security number for each new dependent.*

IMPORTANT: If your documentation is not received by the County within 10 calendar days of your enrollment, your dependents will not be covered and you will not be allowed to add them until the next year.



3

Enroll. After you determine which options are right for you, gather the information you'll need. Now, it's time to enroll! Be sure you have your *Personalized Enrollment Worksheet* with your employee number and PIN. You can enroll:

Online at mylacountybenefits.com

You'll use the same employee number and PIN (found on your *Personalized Enrollment Worksheet*) you've always used to log in to mylacountybenefits.com. You can use the online enrollment tutorial and other tools to help you make your choices and then follow the instructions provided online. Be sure to click "CONFIRM" and print your 2010 confirmation statement before logging off.

By phone at 1-888-822-0487

Follow the recorded instructions. Don't hang up until you hear "Your benefit elections have been confirmed and recorded." You will receive a confirmation statement in the mail within seven days. If you don't receive your statement, call the Benefits Hotline at 1-213-388-9982.

Note: If you want to enroll in or increase your Optional Group Variable Universal Life (GVUL) Insurance coverage (described on page 7), you must access the MetLife link on the home page of mylacountybenefits.com or call 1-800-846-0124.

4

Review your confirmation statement. When you have your confirmation statement, review it carefully to ensure that all information is correct. You should file this statement, along with other important benefit information, so that you have it for future reference.

WAIVING COVERAGE?

If you seek to waive medical coverage, see "Waiving Medical Coverage" in your *Flex* SPD to learn if you qualify.

*New Dependent Social Security Number Requirement

During annual enrollment, be prepared to provide Social Security numbers for your family members if you make changes to your medical plan or add dependents. This is so your medical plan can comply with new federal reporting requirements to the Centers for Medicare & Medicaid Services (CMS).

important notice from the county of los angeles about your prescription drug coverage and medicare

Please read this notice carefully and keep it where you can find it.

This notice provides information about your current prescription drug coverage under the County of Los Angeles (County) Flex Plan, the prescription drug coverage that will be provided under Flex as of January 1, 2010, and prescription drug coverage available for individuals with Medicare. It also explains the options you have under Medicare prescription drug coverage and can help you decide whether you want to enroll in this coverage. If you are considering enrolling in a Medicare prescription drug plan, you should compare your current coverage, including which drugs are offered and associated costs for those drugs, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. At the end of this notice is information about where you can get help to make decisions about your prescription drug coverage.

There are two important facts you need to know about your current coverage and Medicare's prescription drug coverage:

- 1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage Plans that offer prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may offer more coverage for a higher monthly premium.
- 2. The County determined that the prescription drug coverage currently offered under Kaiser HMO; Blue Cross CaliforniaCare HMO, Plus POS, Prudent Buyer PPO, and Catastrophic plans; and the coverage that will be offered under these plans as of January 1, 2010, is on average for all plan participants who participate in any of these health plans expected to pay out as much as the standard Medicare prescription drug coverage will pay, and that such coverage is considered Creditable Coverage. Because all of the health plans available under Flex provide Creditable Coverage, you may elect any of these coverage options for the 2010 plan year and not pay a higher premium (a penalty) if you decide to enroll in a Medicare prescription drug plan on a later date, provided that you do not experience a 63-day break in coverage (as discussed in more detail below).

When Are You Eligible to Enroll in a Medicare Prescription Drug Plan?

You may enroll in a Medicare prescription drug plan when you first become eligible for Medicare and thereafter during each calendar year from November 15th through December 31st.

If you lose your Creditable Coverage under Flex through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period to enroll in a Medicare prescription drug plan.

What Happens to Your Current Creditable Coverage if You Decide to Enroll in a Medicare Prescription Drug Plan?

If you participate in Kaiser or any of the Blue Cross plans, you may: (1) keep your existing coverage without enrolling in a Part D plan; (2) keep your existing coverage and enroll in a Part D plan as a supplement to that coverage; or (3) drop your existing coverage and enroll in a Part D plan. If you elect Medicare Part D coverage as a supplement to your existing coverage, your current coverage will not be affected. Alternatively, if you elect Medicare Part D coverage through Kaiser and also assign Medicare Parts A and B to Kaiser, you will be placed in the Kaiser Sr. Advantage Plan, which will coordinate with Medicare.

If you do decide to join a Medicare drug plan and drop your current coverage, you and your dependents would be able to reenroll in the future during a *Flex* open enrollment period.

Please contact the County of Los Angeles Benefit Plan Administrator for more information about what happens to your coverage if you enroll in a Medicare prescription drug plan.

When Will You Pay a Higher Premium (a Penalty) to Join a Medicare Prescription Drug Plan?

It is important to note that if you drop or lose your coverage with the County and, although you are eligible to do so, you do not enroll in a Medicare prescription drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to enroll in a Medicare prescription drug plan on a later date.

If you go 63 continuous days or longer without Creditable Coverage, when you enroll in Medicare prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have such coverage. For example, if you go nineteen months without Creditable Coverage, your premium under Medicare may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) for as long as you have Medicare prescription drug coverage. Additionally, you may have to wait until the beginning of the next enrollment period for Medicare prescription drug plans (i.e., November 15th) to enroll in the Medicare coverage.

For More Information About This Notice or Your Current Prescription Drug Coverage...

Please contact the County of Los Angeles Benefit Plan Administrator at the address listed on this page or the Benefits Hotline at the phone number listed on this page for further information. NOTE: You will receive this notice at other times in the future indicating that you may enroll in Medicare prescription drug coverage. For example, you will receive this notice prior to the next annual enrollment period during which you may enroll in Medicare coverage and you will also receive a notice if your current prescription drug coverage with the County changes. You may request a copy of this notice by contacting the County of Los Angeles Benefit Plan Administrator at the address or phone number listed on this page.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. If you are eligible or Medicare, you will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. For more information about Medicare prescription drug plans:

- · Visit www.medicare.gov,
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the Medicare & You handbook for their telephone number) for personalized help, or
- Call 1-800-MEDICARE (1-800-633-4227).
 TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at www.socialsecurity.gov, or you may call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember to keep this notice. If you enroll in a Medicare drug plan, you may be required to provide a copy of this notice when you join to show that you maintained Creditable Coverage and that you are not required to pay a higher premium amount for coverage (a penalty).

Date: **September 15, 2009** Entity providing this Notice: **County of Los Angeles**

Contact: Benefit Plan Administrator Address: 3333 Wilshire Boulevard, Suite 1000, Los Angeles, CA 90010 Benefits Hotline: 1-213-388-9982

your benefits

The County of Los Angeles cares about you and your family. That's why we offer benefits that provide for your needs today and in the future. Through a comprehensive benefit program that includes medical, dental, life, disability, and LTD health insurance, we help you enrich your life while protecting your future and your loved ones.

FLEX 2010 BENEFITS AT A GLANCE

Medica

- Kaiser
- Anthem Blue Cross CaliforniaCare HMO
- Anthem Blue Cross PLUS POS
- Anthem Blue Cross Prudent Buyer PPO
- Anthem Blue Cross Catastrophic Plan

Denta

- SafeGuard HMO-style plan
- DeltaCare HMO-style plan
- Delta Dental PPO-style plan

Accidental Death And Dismemberment (AD&D) Insurance

Medical Coverage Protection (Long Term Disability Health Insurance)

Flexible Spending Accounts (FSAs)

- Health Care Spending Account
- Dependent Care Spending Account

Life Insurance

• Basic Term Life Insurance

Optional Life Insurance*

- Optional Group Variable Universal Life (GVUL) Insurance
- Optional Dependent Term Life
- * You pay for both types of optional life insurance with after-tax dollars. Your premiums for the other benefits shown in this chart generally are paid with pre-tax (before-tax) dollars.

Your Medical Plan Options

Your *Flex* program offers five medical plan options:

- Kaiser HMO
- Anthem Blue Cross CaliforniaCare HMO
- Anthem Blue Cross PLUS POS
- Anthem Blue Cross Prudent Buyer PPO
- Anthem Blue Cross Catastrophic Plan.

An HMO (health maintenance organization) requires you to receive all of your care from members of a network of participating providers. To be covered for benefits, you must access medical care through your primary care physician (PCP).

A PPO (preferred provider organization) gives you the freedom to choose to go to any network or out-of-network provider. When you go to network providers, the plan pays higher benefits (you pay less).



Thinking about changing medical plans or wanting to find a new doctor?

- For Kaiser: Go online to my.kp.org/ca/countyofla and click on "clinical staff directory" in the "Get Started Now" section.
- For Anthem Blue
 Cross: Go online to
 www.anthem.com/ca/
 countyoflosangeles
 and click on "Find
 a Doctor."

Thinking about changing dental plans or wanting to find a new dentist?

- For SafeGuard:
 Go online to
 www.safeguard.net,
 click on "Dental and
 Vision Directories," and
 follow the instructions.
- For DeltaCare and Delta Dental: Go online to deltadentalins.com, then click on "Dentists" (in the left sidebar), and select "Dentist Search."

Under a POS (point-of-service) plan, you get to choose whether to use a network provider or providers outside the network each time you need health care. You do not need a referral from your PCP to see another physician. However, the plan typically pays more (and your costs are lower) when you go to your PCP and use network providers.

The Catastrophic Plan is a high-deductible health plan designed to protect you from major, unexpected medical expenses. Under this plan, you have the freedom to see any physician you choose and are responsible for paying the cost of your care until you reach the annual deductible. Once you satisfy your deductible, most benefits are covered at 75%. This may be a good option if you have coverage under your spouse's/domestic partner's health plan.

See the Medical and Dental Plans Comparison Chart in your enrollment packet or go to mylacountybenefits. com for more information about each plan's benefits and coverage levels.

Tobacco User Fee

Tobacco users pay an after-tax charge of \$20 per month. This fee will be waived if you certify that you have not used tobacco or tobacco products within the last 12 months, or certify that you are having difficulty stopping smoking due to nicotine addiction and will actively participate in a smoking cessation program available under the County medical plans during the plan year.

Your Dental Plan Options

Your *Flex* program offers two HMO-style dental plan options:

- SafeGuard
- DeltaCare.

In addition, you have a PPO-style dental plan option:

· Delta Dental.

The HMO-style dental plans require that you receive all of your dental care from members of a network of participating dental offices. When you enroll, you choose a dental office, which becomes your "primary care office," and you must go to this office for all of your dental care.

The PPO offers two different networks of participating dentists and dental care providers:

- Delta Preferred Option (DPO)
 network: This network offers the
 highest benefit. Most preventive
 services are covered at 100%;
 many other services are covered
 at 85%. You pay no deductible.
- Delta Participating Dentist network:
 Delta pays benefits based on a fee agreement with the network's dentists. Most routine services are covered at 80%.

When you enroll in a PPO, you can go to any dentist in either network, or to an out-of-network dentist. When you go to network providers, the plan pays higher benefits (you pay less).

See the *Medical and Dental Plans Comparison Chart* in your enrollment packet or go to mylacountybenefits.
com for more information about each plan's benefits and coverage levels.

do you have a support system?

Sometimes, the unexpected happens. Your *Flex* program offers life insurance, accidental death and dismemberment insurance, disability, and LTD health insurance to protect you and your family.

Life Insurance

The County gives you basic term life insurance at no cost to you.

- Safety Members of Retirement Plan A or B, or General Members of Retirement Plan A, B, C, or D: You are insured for \$2,000
- Members of Retirement Plan E: You are insured for \$10,000.

You may buy optional group variable universal life (GVUL) insurance at low monthly group rates for yourself and for your spouse/domestic partner and dependent children. See the *Flex* SPD or go to mylacountybenefits.com for more information.

Medical Coverage Protection (LTD Health Insurance)

This plan is designed to help you continue your medical insurance coverage if you are eligible for long term disability and become totally and permanently disabled.

For new disabilities incurred on or after January 1, 2007, all Flex participants who meet the eligibility requirements will be covered under the LTD health insurance provisions at no cost to them. LTD health insurance pays 75% of your monthly medical premium and you pay the remaining 25%. Eligible employees may elect to "buy-up" to 100% LTD health insurance at a cost of \$3.00 per month. Under this optional coverage, LTD health insurance pays 100% of the monthly medical plan premium while you receive LTD benefits. See the Flex SPD or go to mylacountybenefits.com for more information.

Optional Group Variable Universal Life (GVUL) Insurance

As an eligible *Flex* participant you can buy GVUL insurance for yourself. If you purchase optional GVUL insurance for yourself, you may also purchase a limited amount of life insurance coverage for your spouse/domestic partner and dependent children. The GVUL program is available through MetLife and offers premiums at affordable group rates. You can keep your coverage if you end your employment with the County. You can purchase coverage of one-half to eight times your annual salary. You pay the cost of coverage after-tax. See the Flex SPD or go to mylacountybenefits.com for more information.

Accidental Death and Dismemberment Insurance

You can buy accidental death and dismemberment (AD&D) insurance at low monthly group rates. If you die in an accident, become paralyzed, or lose a limb, eyesight, speech, or hearing because of an accident, your AD&D insurance pays benefits. Look at your *Personalized Enrollment Worksheet* for AD&D coverage costs. If you have AD&D coverage under *Flex*, you may also buy coverage for your eligible spouse/domestic partner and dependent children. See the *Flex* SPD or go to mylacountybenefits.com for more information.

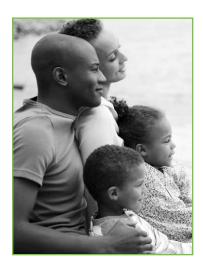


If you did not elect to purchase the optional 100% LTD health insurance coverage for 2009, you cannot elect this coverage for the plan year beginning January 1, 2010. You must wait until annual enrollment for the January 1, 2011 plan year to elect this coverage again. If you are enrolled in 100% LTD health insurance for 2009 and you cancel coverage for 2010, you have to wait until 2012 to reenroll.

enhance your life:

save money using flexible spending accounts (FSAs)

Reminder: You must reenroll in FSAs each year if you wish to participate.



This Highlights Guide is not an official summary plan description (SPD) or official plan document. If you need a copy of an official plan document, contact the plan's Customer Service department directly. A contact list may be found on the back cover of this guide. If there is a difference between what you read in this guide and what you read in an official plan document, the official plan document will rule.

What if you could reduce your out-of-pocket health care expenses by 10% to 30% or more? How about reducing the cost to provide care for your kids or adult dependents while you work? If that sounds good, consider enrolling in a Flexible Spending Account (FSA). With an FSA you never pay federal or state taxes on the money you contribute. Depending on your tax bracket, you can save 12 to 42 cents on every dollar you spend in eligible expenses.

Flex offers two types of FSAs: a Health Care Spending Account and a Dependent Care Spending Account. You may enroll in one or both spending accounts. Here's how they work:

- · You enroll in the Health Care Spending Account and/or Dependent Care Spending Account during annual enrollment. When you enroll, you decide how much to contribute to each account. You may contribute a maximum of \$400 a month to each account in 2010. The County will make a nontaxable monthly contribution to your Dependent Care Spending Account, depending on your annual base pay. (The maximum you may contribute to the Dependent Care Spending Account is \$4,800 a year if married and filing jointly, or \$2,500 if married and filing separately. The County's contribution to the Dependent Care Spending Account counts toward these limits.)
- You can use the FSA calculators in the "my tools" section of mylacountybenefits.com to work out how much you want to contribute. You'll also find estimation worksheets on pages 31 and 37 of the Flex SPD.

- Your contributions are taken out of each paycheck on a before-tax basis and credited to a recordkeeping account in your name. This begins with your first paycheck in January.
- You pay eligible health care and/ or dependent care expenses and submit a claim form to the FSA administrator. The FSA administrator reimburses you and debits the amount from your recordkeeping account. You effectively pay your expenses with tax-free dollars!

Important FSA Considerations

- Health Care Spending Account -Your account may be used for "eligible expenses" incurred by you, your spouse (within the meaning of federal tax law*), and your other dependents. Eligible expenses include those often not covered by your health plans, such as medical and dental deductibles and copayments; routine physical exams; orthodontia; vision care (including prescription eyeglasses and sunglasses, contact lenses and solution, laser eye surgery, and nonprescription reading glasses); over-the-counter medications; hearing aids and tests; and smoking-cessation programs, nicotine patches, and nicotine gum. For a complete list of eligible and ineligible expenses, refer to IRS Publication 502 at www.irs.gov/ formspubs/index.html.
- Dependent Care Spending
 Account You may contribute
 up to \$400** per month. "Eligible
 expenses" include out-of-pocket
 expenses for the care of your
 child(ren) under age 13, or a
 spouse (within the meaning of

federal law*) or dependent parent who is incapable of self-care, so that you (and your spouse if you are married) can work or attend school full-time. Eligible expenses include child and adult day care provided at your home; nursery schools and preschools (if the cost of schooling cannot be separated from the cost of care); properly licensed day care centers that care for six or more children (including summer day camps); care outside the home for children and adult dependents; and the cost of transportation of a qualifying individual by the care provider to or from the place care is provided.

- Expenses for both types of FSAs must be incurred by December 31, 2010 and submitted for reimbursement by June 30, 2011. Under the County's program, some expenses (such as insurance premiums) are not eligible for reimbursement under the Health Care Spending Account. See the *Flex* SPD or go to mylacountybenefits.com for more information.
- You have to use these accounts by a certain date. The only catch with FSAs

is that you have to use the money you put in them before they "expire." An IRS rule states that any money in your FSAs that isn't spent by the end of the specified period must be forfeited. But don't let that stop you from taking advantage of the great tax benefits FSAs offer. Just take a little time to plan, and don't put more in your account than you think you need to spend for the year. Be sure to read the FSA section of the *Flex* SPD before you enroll. You may download the *Flex* SPD at mylacountybenefits.com.

Added Bonus for the Dependent Care Spending Account

If you enroll in the Dependent Care Spending Account, the County will make a nontaxable monthly contribution based on your annual base pay. And you don't even need to contribute to get this! See the chart below to find out how much the County will contribute in 2010. Please note that you can make contributions in addition to those made by the County—you just have to be sure that the combined contribution doesn't exceed IRS limits. Remember, you must enroll in the Dependent Care Spending Account to be eligible for the County contribution.

YOUR ANNUAL BASE PAY	COUNTY'S MONTHLY CONTRIBUTION (Subject to Annual Cap on Contribution)
Less than \$30,000	\$375
\$30,000 to \$34,999	\$300
\$35,000 to \$39,999	\$275
\$40,000 to \$44,999	\$200
\$45,000 to \$49,999	\$125
\$50,000 or more	\$75

Important Note: The County caps total annual County contributions. If the cap is reached for 2010, the monthly contribution described above will be reduced pro rata for the month in which the cap is reached and then will be stopped completely for the remainder of the plan year. Because of the cap, there is no guarantee that you will receive the full monthly contribution shown above during the entire plan year. You will be notified if the County contribution is reduced or stopped during the plan year. See the Flex SPD or go to mylacountybenefits.com for more information.

^{*} A "spouse" is defined uniformly for all federal laws as a person of the opposite sex who is a husband or wife.

^{**} The County's contribution reduces the amount you can contribute, but that means you are spending even less on dependent care.

Contact Information		
Contact	Phone Number	Web Site
COUNTY DEPARTMENT OF HUMAN RESOURCES		
Benefits Hotline	213-388-9982	N/A
Web site	N/A	http://dhr.lacounty.info/
BENEFITS SYSTEM		
Web enrollment	N/A	mylacountybenefits.com
Telephone enrollment	888-822-0487	N/A
Fax	310-788-8775	N/A
MEDICAL		
Kaiser Permanente	800-464-4000	my.kp.org/ca/countyofla
Anthem Blue Cross CaliforniaCare HMO	800-227-3771	www.anthem.com/ca/countyoflosangeles
Anthem Blue Cross PLUS POS	800-288-6921	www.anthem.com/ca/countyoflosangeles
Anthem Blue Cross Prudent Buyer PPO	800-288-2539	www.anthem.com/ca/countyoflosangeles
Anthem Blue Cross Catastrophic Plan	800-288-2539	www.anthem.com/ca/countyoflosangeles
DENTAL		
SafeGuard	800-880-1800	www.safeguard.net
DeltaCare	800-422-4234	deltadentalins.com
Delta Dental	888-335-8227	deltadentalins.com
FLEXIBLE SPENDING ACCOUNTS		
Administrator (Ceridian)	866-300-2303	mylacountybenefits.com
Fax	888-367-3305	N/A
LIFE		
MetLife	800-846-0124	mylacountybenefits.com • Click on the MetLife link
AD&D		
CIGNA Life	800-842-6635	cigna.com



WE ARE THE COUNTY OF LOS ANGELES